FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP.

80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 100		
80 81 81 82 83 83 84 85 85 86 87 88 88 89 90 90 91 91 92 93 93 94 95 96 97 98 99 99		
80 81 81 82 83 83 84 85 85 86 87 88 88 89 90 90 91 91 92 93 93 94 94 95 96 97 98 8		
80 81 81 82 83 83 84 85 86 87 88 88 89 90 90 91 91 92 93 93 94 95 96 97		
80 81 81 82 83 83 84 85 85 86 87 88 89 90 90 91 91 92 93 93 94 94 95 96 96		
80 81 81 82 83 83 84 85 86 87 88 89 90 90 91 91 92 93 93 94 94 95 8		
80 81 82 83 84 85 86 87 88 88 89 90 91 91 92 93 94		
80 81 82 83 83 84 85 86 87 88 88 89 90 91 91 92 93		
80 81 82 83 83 84 85 86 87 88 88 89 90 91		
80 81 82 83 83 84 85 86 87 88 88 89 90		
80 81 82 83 83 84 85 85 86 87 88 88 89 90		
80 81 82 83 84 85 86 87 88 88 89		
80 81 82 83 84 85 86 87 88		
80 81 81 82 83 84 85 86 87		
80 81 82 83 83 84 85 86		
80 81 82 83 83 84 85		
80 81 82 83		
80 81 82		
80 81		1
80		
79		 - ` -
78		
\pm	79 80	78 79 80